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R. O. COWLING, M. D., and L. P. YANDELL, Jr., M. D.,
EDITORS.

SOME QUESTIONS IN GYNECOLOGY.

Part I.

BY L. S. OPPENHEIMER, M. D.

It is the purpose of this thesis to discuss certain claims offered by various practitioners and teachers respecting the general system as exercising a direct or indirect influence upon all uterine diseases.

The broad statement, that all uterine maladies are due to a constitutional cause, will appear to most of you as unwarranted, since the theory will appear unsupported by fact. Such at least was my belief until I saw the demonstration of the contrary.

Innovations of this kind, overturning as they do old laws of gynecological practice, will necessarily meet with suspicious investigation, and many will conclude from the beginning that the author who attempts a defense of them must indeed be venture-some; and yet it is his purpose to defend and support to a certain extent the theories advanced in this paper, the modifications of which will appear later on.

I do not accept the unmodified conclusions of my teacher, Martineau,* but am more inclined to think with Courty that, "Although the maladies of the uterus are often due to diathetical influences in cases where these are characterized by simple functional disturbances or change of position,† they have

their own peculiar symptomatology, which indicate the necessity of local treatment alone."

Courty fears, and with reason, that if we confine ourselves to a theory based exclusively on a constitutional causology, it would commit us to a dangerous extreme, and forbid the further practice of local treatment.

The literature on this subject is somewhat limited, because the theory and practice are almost entirely confined to France; but I doubt not that American liberality will fairly test the question before deciding upon the propriety or fallacy of its teachings. In the course of my paper I shall confine myself as nearly as possible to personal observation, referring to other sources only where this is necessary to make myself better understood.

Among the originators of the anti-local hypothesis stands the name of the celebrated dermatologist, Bazin. He claimed, in opposition to the Hebra doctrine, that all non-parasitic skin diseases were but the local expression of a diathesis of a general pathological condition; and his treatment was directed accordingly to the general system, the local condition being secondarily treated.

After Bazin, some of his brightest *élèves* continued in the same path, and are still following his principles, modified more or less by each.* Among these are Hardy, Fournier, and Mauriac—names universally known and respected. In addition to these, Gueneau de Mussey, Pidoux, Gallard, of Poitiers, and a host of others support the same opinions to greater or less extent. Dr.

* *Traité Clinique des Affections de l'Uterus et de ses Annexes*, Part I. Paris, 1878.

† Courty also adds to this "an alteration of tissue." This is evidently too unmodified, because an alteration of tissue is surely not a pathognomonic symptom of the local character of a disease; in fact it might sooner be looked upon in the reverse light, as a symptom of some universal abnormality.

* Dr. Max Nordau. *Pester Medicinisch Chirurg. Presse. Die Allgemeine Therapie der Uterus und Vaginal Krankheiten*, Budapest, August, 1877.

Pidoux says: "An affection never becomes chronic save in virtue of a diathesis, or in a subject otherwise predisposed. The acute affection is a malady of the part, the chronic is that of the individual."

This is not entirely so, for there are abnormal external influences which may make a disease chronic in an otherwise perfectly healthy organism, just as a foreign body will keep open an ulcer. These, however, are the exceptions and not the rule.

Courty, in his work on Uterine Pathology—one of the most beautifully-written essays in medicine—and to whose experience I will make frequent reference in this thesis, makes the following statement, after mentioning that uterine maladies are often dependent upon a general condition: "This general condition, or affection, from which these maladies draw their characteristics is not always the primary and determining cause of their development, but that primitively or consecutively it will print its seal upon the malady. We may say that these maladies are induced in two ways—they either proceed directly from the development of a general affection, or they spring from a malady originally local. The constitutional affection exists; it has already given signs of its presence; it has not yet besieged the uterus, but it will not tarry long in fixing itself there, because by its position, its declivity, its menstrual congestions, the exaggeration of vitality which pregnancy develops, the lesions which an abortion or parturition determine, this organ is prone, more than any other, to morbid change. The diathesis will usually manifest itself spontaneously, or at the most it has waited for a chance cause in order to establish its sovereignty. At other times the uterus itself is predisposed to disease. The troubles of menstruation, the excess of coitus, long walks, extreme fatigues, an abortion, or a tedious labor, are followed by congestion, engorgement, hypertrophy, etc. But this would be comparatively nothing if the woman were strong and healthy; all this could discuss itself almost without care, or

at least with a few simple precautions. But if a constitutional affection or diathesis of any kind already exist to any serious degree, the malady localizes and fixes itself on the uterus, and impresses the seal of its peculiar nature on the pre-existing malady."

To prove that this is almost literally true needs but an impartial investigation thoroughly made in all cases of uterine disease. The reason that most practitioners reject the doctrine utterly is due to their neglect in carrying out full general examinations in these cases. Even many of the greater gynecologists (and I refer to those of America, England, Germany, and Austria) refuse to investigate the claim, believing that they have as good results in their practice as could be had in similar cases. This is a great mistake, for, as is universally known, uterine therapeutics lack much, very much, of what could be expected at our present stage of medical science.

Now, if it can be clearly demonstrated that the general economy influences, or may influence, the local malady, is it not fair to advance ourselves thus far by searching for it? He who sees naught save the uterus in his gynecological practice never sees more than a stick of nitrate of silver and a cotton tampon, and what these fail to cure is for him in the nature of the malady and not to be cured.

It is true that Velpeau made the deviations of the uterus and the granulations which appear upon the cervix to play the greater rôle in uterine diseases; that Lisfranc believed that the engorgement constituted all of the malady; that Paul Dubois attributed the pain in the uterus to catarrhal phlegmasia, etc. This is what most modern gynecologists would term unwarrantable "localization;" but in fact the commonly-accepted present views embody the above statement, only in a more generalized fashion.

There are many cases of uterine maladies which, although evidently due to some constitutional cause, do not even by their specific local characters reveal to what dis-

ease they owe their origin, and where the treatment alone clears the diagnosis. To cite a common example: a patient perfectly healthy to all outward appearances demands of her physician a remedy for her "whites." The digital examination reveals the fact that both lips of the cervix are somewhat hypertrophied, smooth, resistant, almost hard. Bimanual examination through the walls of abdomen and rectum yields negative results. The speculum examination shows the cervix swollen, of a peculiar pale color, with slight ulceration around the inner surface of both lips of the os. Length and direction of the uterine canal normal. The hypertrophy extends no further than the internal os. This is all. Here is an ordinary cervical hypertrophy, with nothing particularly peculiar about it, except perhaps its history of chronicity and the exceeding smoothness and color of the hypertrophied part, an appearance of things which is often met with in scrofulous subjects. It is well known how difficult it is to cure most of these cases except by surgical interference. Acting upon this impression, the gynecologist institutes an anti-scrofulous as well as a local treatment; but instead of incising, dividing, or amputating the lips, he prescribes sulphur-baths, injections, perhaps cauterizes the whole uterine or only the cervical canal a few times, etc. This added to the general treatment should, if the trouble be due to scrofula, show its benefiting results in a short time.

The statistics (which I hope shortly to be able to show you, for they are now being collated by Dr. Martineau, of Paris) prove that the results in these cases are far more brilliant, more definite, than could have been expected in such seemingly doubtful, experimental diagnoses; but it must be remembered that inasmuch as this question has been comparatively but little regarded and investigated as yet, that our means of diagnosis here must be considered as in their infancy, nevertheless very much is already known.

I will here cite another case where, although the underlying cause was evident

to the mind, no physical proof existed save that here stated. Besides, the case is in many respects an interesting one. Patient was twenty years of age, primipara, healthy-looking, no sign of tubercle in whole body; delivered ten months before of a healthy child, since which time the menses had not appeared. On examination the finger came in contact with an exceedingly small, short cervix, thin lips and gaping; the margins of the lips somewhat uneven, almost ragged, but not nodulated. The other hand palpating the abdomen failed to find any tumor of whatsoever character in the pelvis. The finger introduced into the rectum, retaining two fingers of the other hand in the vagina, proved the entire uterus, including cervix, to be about the size of an ordinary hazelnut, two to three centimeters in length, smooth, consistency somewhat softer than normal; could not penetrate into the cavity with the finest sound further than about one centimeter. A case of superinvolution very similar, mentioned by Simpson, where the canal was from three to four centimeters long, was recognized as a typical case of tuberculosis, as most of these cases are; and the post mortem verifies this fact. In the case just cited, however, there was nothing either in the patient or in her family history to point to tubercle; and yet there can be but little doubt that this had been the cause of the superinvolution. Of course treatment in this case would have been unavailing as regards the uterus. There was therefore nothing done for her at the time.

LOUISVILLE.

Correspondence.

LETTER FROM LONDON.

My Dear News:

The first lecture I heard on this visit to London was given by Dr. B. W. Richardson, F.R.S., at a meeting of the Hunterian Society, in the London Institution, "On the Practice of Total Abstinence from Alcohol in Health and Disease." When I took my

seat in the amphitheater I recognized it as the room in which I had heard the illustrious Faraday, just thirty-two years before, deliver one of his charming lectures on water. During his remarks Mr. Faraday paid our own great chemist, Dr. Henry, of the Smithsonian Institute, a most generous compliment on his discovery of the spheroidal state of liquids, and then proceeded to exhibit, for the first time in London, the beautiful experiment of freezing water in a red-hot crucible. I reported the lecture in one of my earlier letters to the "Western Journal of Medicine and Surgery." Mr. Faraday discussed water from a purely scientific standpoint. Dr. Richardson dwelt upon it as a beverage. The chemist's lecture was interspersed with many striking experiments. His audience was composed largely of ladies. The doctor's lecture was read, and consisted of a series of propositions, each supported by facts drawn from a large and carefully recorded experience, and constituted, as a whole, the strongest argument I have yet heard against the necessity for alcohol under any circumstances—in sickness or in health. The learned gentleman did not come squarely out against alcohol in all diseased conditions, but he found it useful in an exceedingly small number of cases, and in these he gave it in definite quantities, carefully noting its effects, and under no circumstances allowing the patient to have it at will, either as wine, ale, stout, or spirits. While many medical men will differ with Dr. R. as to the necessity for alcohol in disease, the practice of most American physicians in its use is altogether that which he follows.

Dr. R. has himself been a total abstainer for the past seventeen years, and believes that much of his capacity for work and much of his good health is due to that fact. He described the properties of the alcohols as a family—all having the same action, though in different degree, on the human economy. He pictured the effects of alcohol on the individual in the several stages of intoxication, and then proceeded to divide

communities into classes in which drinking produced effects on the constitution similar to those produced on the individual. He touched on those who took it in such small quantities that no physiological effects were observed, and emphasized the class who presented in permanent form the first stage of alcoholic excitement. Some time during each day these persons "wound themselves up to the first stage until that became a part of their ordinary existence; others would do so twice a day or oftener, and some on any occasion on which they were called upon to engage in any extra labor, care, responsibility, or pleasure. In course of time, according to the frequency of the repetition, these became the models of the first stage of action. They felt a necessity which seemed to them urgent and beyond control, and they fed it by ministering to it. In extremely developed cases of this sort the body was physiologically changed into a definite organism of a peculiar kind; the vessels were dilated, the action of the heart was either too rapid or too slow and feeble, the digestion was indifferent until stimulated, the mind dull and inactive until stirred into activity. The body felt cold under slight variations of decreasing temperature until warmed by the stimulant. There was no trace of inebriation in this collective stage; it was the stage of moderation. Strictly it was not a stage of health, though it might be so near to a fair standard of health as to seem to some near enough. It presented a varied range of physical character, from slight physiological derangement to a very striking pathological change. All were aware that there were many beginnings of disease within it. Those of the third stage became the victims of one or other of the train of organic alcoholic diseases—cirrhosis, cerebral softening, fatty degeneration of the heart, alcoholic phthisis, etc.—all which could be easily traced to their origin. The fourth class were the completely palsied from drink. Among those who were so fortunate as never to have become habituated to the use of alcohol in any shape, his expe-

rience was that there was less susceptibility to the attacks of disease, and that recovery was quicker and more probable than in the case of those accustomed to use stimulants."

At the conclusion of Dr. R.'s paper, Dr. Thomas Bow Crosby, who presided, invited discussion of the subject, not only from members of the society, but from other persons present. He alluded to the very general use of alcoholic drinks among mankind, and the number who, taking them, lived to a good old age, as going to show that the moderate use of stimulants could not be very hurtful. He himself went on total abstinence once for a fortnight, and felt neither better nor worse, missing his glass of wine only as he might a condiment at table. Several other gentlemen contributed to the interest of the discussion, in detailing their experience, most of which went to confirm the correctness of Dr. R.'s views. Others, again, and seemingly with equal reason, advocated the moderate use of alcoholic drinks in health, and contended that they were of undoubted value in certain states of disease.

A most interesting statement was made by the physician of the Wandsworth House of Correction, to the effect that of the seven hundred women under his care in the prison about five hundred were drunkards; and although he never allowed them a drop of any thing containing alcohol, he had not known any harm to follow the sudden withdrawal of the stimulus. After remaining in the institution for a time the poor creatures became greatly changed for the better, both in appearance and behavior.

The usual time for the society to adjourn is 9:30 o'clock. The chairman added a half hour for this occasion; but as the clock struck ten the gavel struck also, and cut Dr. Richardson off in the midst of a very spirited reply to those who opposed his views. The members went from the amphitheater to an adjoining room, where coffee, tea, and bread and butter were served. After a little pleasant chat, and a cup of that which "cheers and does not," etc. the company dispersed.

The lecture I should characterize as very able, though several of its propositions relating more directly to the use of alcohol in certain conditions of disease are, I believe, untenable. Dr. R. is certainly a very powerful advocate. Perhaps something more judicious would have given more enduring results. The lecture will of course find wide publication and many readers, and can not fail to do good. In this latter thought I have no doubt its author—who is no less a prominent philanthropist than great physician—will find his reward.

I am not sure that the average Londoner is a lecture-going animal. Dr. Richardson is certainly one of the best known of the scientific men here, and I believe he is also regarded as one of the best speakers; yet his audience, though the public was "respectfully invited," numbered but about one hundred. Whether it was the subject which determined the size of the assemblage or not, I can not say. Water, in the hands of Professor Faraday, treated from a physical standpoint, drew better thirty-two years ago than alcohol did under Professor Richardson's treatment the other day. Perhaps water alone as a drink would attract fewer hearers even than alcohol. If I wrote alcohol as it is used phonetically here it would read alco-ol.

I had hardly concluded the above when the postman brought me a large engraved card containing the following:

*The President and Council of the
Medical Society of London
request the honor of the Company of
PROF. YANDELL*

*at a Conversazione to be held at the Society's Rooms,
11 Chandos Street, Cavendish Square,
on Monday, May 6, 1878,*

*when the Annual Oration will be delivered by
Alfred Carpenter, M. D.*

*Subject: Alcoholic Drinks, as Diet, as Medicine, and
as Poisons.*

Time: 8.30 P. M. precisely.

*J. Astley Bloxam, F. R. C. S.,
F. Dehavilland Hall, M. D.,
Hon. Secs.*

The politeness of the senders of the card

will cause me to accept the invitation; and, when I have heard the annual orator, return at once to my room and imitate Rip Van Winkle by "swearing off." I am determined upon that. I think I know when I have had enough of a good thing. The pledge is already written. You will observe, however, that, like most of the co-partnerships in this country, it is "limited." It reads: I hereby bind myself, on my honor, to take during the remainder of my stay in London no more alcohol whatever [in the form of lectures]. This I shall sign next Tuesday morning.

Wednesday last I had the great pleasure of hearing Dr. Fothergill, who delivered at the West-London Hospital the last of a series of lectures upon Diseases of the Heart. His hearers were not numerous, being composed largely of physicians. The lecture was written and read, though with more animation than is usual here. I was able to obtain an abstract of it, which will appear in the June number of the American Practitioner, and attract the attention which is given every where to Dr. F.'s writings.

Tuesday morning—like poor Rip again—the pledge does n't count. I would hear, and with great pleasure, too, another such lecture on alcohol as that given by Dr. Carpenter to a very full meeting of the M. S. of London. Mr. Erasmus Wilson, who is the president of the society, was in the chair, and introduced the orator of the evening in some well-chosen remarks. The lecture occupied just forty minutes, and was read uncommonly well. A very large number of the leading physicians and surgeons of the city were present. After the lecture some beautiful selections in music were rendered by the Band of the Royal Artillery; the members engaged in conversation with each other, and such as wished went into an adjoining room, where tea, coffee, bread and butter, salads, etc. were served. At half-past ten the band played "God save the Queen," after which the society adjourned to meet again next October. I was glad to have been there.

Lest I miss the steamer which sails to-day, I must reserve an abstract of Dr. Carpenter's lecture for another letter.

Very faithfully,

D. W. YANDELL.

LANGHAM HOTEL, LONDON, May 6, 1878.

"BAD MEDICINE."

To the Editors of the Louisville Medical News:

Recent numbers of the News contain several articles on "Bad Medicine" which already are striking sparks, as friction here is bound to bring a conflagration, for I feel assured that Dr. Vandell has struck a keynote of warning which will be heartily accepted by the profession as a lick in the right direction, and upon a topic of profoundest interest to the profession as well as to our pharmaceutical allies. No observing practitioner can but have felt puzzled, and I might say alarmed, if he has kept himself halfway abreast of the times, to see with what recklessness the shops have been filled with new and magnificently titled drugs, which, widely advertised by enterprising *inventors* (is not this the proper title to give these gentlemen?) are published to the medical world generally as specifics and panaceas, and in most instances solely upon the authority of the firm who have the honor of "*first introducing*" these elegant preparations, and entirely unsupported by any weight of authority, or protracted and patient trials of physiological and therapeutic properties by competent physicians. The danger is rapidly multiplying, and is just cause for alarm and indignation; for the profession itself, that is supposed to sit down violently upon all species of quackery, and, above all, patent-medicine nastiness, is insulted to its teeth in its most trusted medical journals by countless pages of red-hot laudations of wonderful discoveries and marvelous inventions. Beautifully prepared "trial packages" sent him free of charge also add to his bewilderment; for, unless he has his advertisement in hand, he will have no means of knowing the least thing on earth

about the splendid virtues of this "grand addition to his armamentarium," for a very large percentage of it can be found in no *materia medica* or *pharmacopœia* upon the face of the earth. He is soon thoroughly convinced of the faults of his education, and "goes back" on his dear old faculty that failed to teach him the virtues of such a world of valuable things, and he more than half believes he has been duped and swindled all his professional lifetime by the failure of those ignorant old antediluvians to impart half the knowledge that now he is enabled to gather from half a page of a fashionable medical journal.

In sober earnestness, the door of charlatanry is more widely and *dangerously* open now than ever before in the history of modern medicine. The assaults are *home-thrusts*; the doctors themselves are the victims, and, instead of trying to save a confiding constituency from the merciless ravages of the almanac makers, he must cover his own head from the showers of missiles with which he is being pelted. The "sands-of-life" men, and the charitable clergyman, and the almanac man, all combined, can not possess half the danger that one of these cheeky modern physis inventors may fairly lay claim to, as the audience he addresses are medical men, who, if caught, become centers of a wide infection, which is designed to spread over a broad field. The cause of the danger is easily analyzed. In the first place, progress in any thing implies new discoveries of principle or practice, or of both. Then the desire to render more attractive to the eye and less hideously repulsive to the taste all kinds of physis is, of course, a general and a laudable enterprise. On the other hand, the discoverer of a "yerb" that has been heretofore unappropriated by any one is a happy man, and is on the highway to fortune. He at once occupies the territory and hoists his flag (an advertisement), and claims any virtues for his new elixir or fluid extract that may not be entirely appropriated by some preceding vegetable marvel, or that his knowledge of language will permit him

to shape into commendations of its efficacy. In many cases, no more ceremony is thought necessary in claiming marvelous therapeutic effects than simply to say "*first introduced by US.*" That settles the question at once, and his bonanza is secure. It is wonderful, the cheek which these people have. Properties which no one could suspect, or reach by induction in any avenue of mental research, are claimed, and physiological results and therapeutical effects asserted of the most elaborate and intricate nature, that must require years of patient study and repeated trials to establish or even guess at; yet, with one fell swoop and on a brief half page, the whole volume of brilliant marvels which these weeds possess are revealed to you, only circumscribed by the field which it is thought desirable for the prodigy to occupy.

Only secondary to this nuisance is the danger encountered in the very laudable desire we all have of making attractive and palatable medicine. Villainous at best, all efforts to render the stuff less repulsive are gladly welcomed; hence the growing importance, popularity, and multiplicity of fluid extracts, elixirs, etc. Yet I am convinced that nine tenths of the drugs of real value, in the forms of powder or tincture, are rendered entirely inert or deprived to a great extent of their more valuable properties in the process of manufacture so popularly adopted.

Surely every doctor, who has had reason to suspect some special curative property to be possessed by a given drug, has often been sadly disappointed in the behavior of his old favorites in their new dress in which he finds them in these piping times of elegant physis. Quite sure am I of the fact that very many of our old familiar preparations, in the more homely garb they wore before fashion changed them into the elegant, showy things they now are, possessed virtues that can not now be claimed for them. Much cooking and distilling have destroyed, dissipated in smoke or vapor, the good that was in their very homeliness or nastiness. As the most apt illustration that

comes to my mind, as I write without book or notes of preparation, I will cite the one article of guarana. The powdered drug possesses some quite valuable properties, and an elixir *properly made* is probably equally efficacious as a remedy for headache. Every particle, however, that I have ever tried in the form of fluid extract has lost all virtues except that of an astringent, which it possesses to a marked degree, and the elixir made from the *fluid extract* is *perfectly worthless* for any thing. Yet, if properly made (as is done by one firm that I will not name for fear of advertising them and robbing my paper of its unpartizan design) into the form of an elixir without first incubating as a fluid extract, it is equally efficacious as a remedy for headache, and possesses all the palatableness and elegance of an elixir. Doubtless many more are as totally ruined by the cooking process.

Another evil is the astounding multiplicity of forms and shapes into which different manufacturers are constantly putting articles that ought to possess a standard of unvarying strength and of definite composition, so that, busied and hurried as we all like to be, the proper dose and standard preparation should be as fixed in the mind for instantaneous prescription as is quinine or calomel. Yet each "house" has its own standard of strength and method of concoction, with no recognized standard to govern dose or form of preparation, and the prescriber is constantly in danger of *burying his errors*. I will defy any man upon earth to keep pace with the varying forms and proper doses of half the physic he is called upon to prescribe. Some of these "houses" have appreciated this demoniacal nuisance and have issued "dose books" of their own preparations which, indeed, are a great mercy to patient and prescriber.

With these "few lines" I will bid "bad medicine" adieu until a few hours hence I may add others with the cabalistic "R": prefixed; but these will interest my druggist and my unfortunate patients more than you gentlemen of the quill. "Bad medicines" will

not down at the bidding, but I hope you will continue your good work so auspiciously begun, and "have at them" without stint or mercy.

Give us back our old fashioned tinctures, or, if need be, "a handful of alecampane, a handful of rue, as much hoarhound as you can grab in your thumb and forefinger, put into a pint of water and *bile* for half an hour and give a teacupful every two weeks," but save us from "bad medicine."

MIDWAY, KY.

SADDLEBAGS.

Books and Pamphlets.

ANNUAL REPORT OF THE BOARD OF HEALTH OF THE CITY OF PITTSBURGH FOR THE YEAR 1877. Pittsburgh: A. A. Anderson & Son, printers. 1878.

THE MEDICAL EXPERT. A paper read before the Montgomery County Medical Society, by W. J. Conklin, M. D., Dayton, Ohio. Reprinted from the Ohio Medical and Surgical Journal. Columbus: Nevins & Myers, printers. 1878.

OBJECTIONS TO THE USE OF CARBOLIC ACID IN THE TREATMENT OF PILES. By J. M. Mathews, M. D., Louisville, Ky. Read before the Kentucky State Medical Society, April 4, 1878.

Miscellany.

"THE SCIENTIFIC POINTS OF THE CASE." When practice has some time since retired from a man, and his capacity to learn from reading is interfered with by imperfect education of an originally illbalanced mind, his honest opinion on any surgical point would not be invaluable. When, added to defects of mind, there are those of a malignant disposition, and added to a malignant disposition the memory of defeat, exposure, and ridicule, it is barely possible that with silliness malice may be joined. Which all goes to show that the editor of the Richmond and Louisville Journal, who has already won immortal fame in discovering that "scarlet fever and scarlatina are for the most part identical," had best let ligations of the carotid alone.

THE SOCIETY OF MUTUAL DISSECTION.—British Med. Jour.: Our Paris correspondent writes: "In a former letter I informed you of a new society that was founded in Paris, called the Société d'Autopsie Mutuelle, by the statutes of which its adherents were required to leave, by a will made out in due form, their bodies at the disposal of the above society for examination post mortem. M. Louis Asseline, editor of the *Rappel*, an extremely Radical paper, who died suddenly last week, seems to be the first member who has been brought under the operation of the new society. Professor Paul Broca was charged with the autopsy, and the following was the result of the examination: The left auricle of the heart was found ruptured in consequence of fatty degeneration of this organ, the muscular fibers of which had almost entirely disappeared. The brain was of an immense size, and weighed 1,400 grammes, which is considerably above the average. It was remarked that ossification of the fronto-parietal suture had not taken place, although the deceased had reached the age (forty-nine) when it is usually found so in ordinary circumstances. Moreover, it has been observed that in the inferior races, or in uncultured individuals, ossification of the sutures occurs much earlier than in the white races; and the deduction from this is that intellectual work so develops the brain as to retard or prevent the complete ossification of the cranial sutures. This requires to be confirmed, however, as the case has not to our knowledge been observed in other similar conditions."

CONFOUND these homeopathic sums! they get away with even such profound mathematicians as ourselves. Last week we showed that a pound of quinine, in six-hundred-billionth-grain doses, would last the world a hundred years. It should have been a *hundred thousand*. We assure posterity that it was a mistake of the head and not of the heart that made us shut it out in this manner.

DENTISTRY EXTRAORDINARY.—Lond. Lancet: The horrors of teeth-stopping, with the preliminary gouging and filing, are to many the most unpleasant of the sufferings which dental necessities impose. Many persons prefer the pain of extraction, and to get rid of the offending member, to the annoyance of stopping. In future it would seem they may take their choice without the necessity of a sacrifice of the tooth if they prefer extraction. Dr. Weil, of Munich, has employed and advocated the method of first extracting the tooth, stopping it with amalgam or gold, and then replacing it. He states that the results are excellent, and the teeth can be freely used. He keeps the tooth out of the socket for two or three hours, as may be necessary, and yet the tooth ultimately is firmly fixed. He finds the method quite applicable to both bicuspid and molars. Since extraction can be performed under anæsthetics better than stopping, many persons will prefer the new method to the old, provided (and that is probably the doubtful point) the subsequent refixing does not involve more than complementary pain, and provided also the method is found as successful in other hands as in those of the inventor's.

THE RAIN-TREE.—London Medical Press and Circular: At a recent meeting of the Linnæan Society Professor Thistleton Dyer described the "rain-tree" of Mogobamba, South America, under the name of *Pithecolobium saman*. The so-called "rain" is the fluid excreta of cicadas which feed on the juices of the foliage, and its dropping is therefore analogous to the "honey-dew" which sometimes drops from the leaves of lime-trees by the agency of aphides.

THOSE who expect to go from Louisville to the American Medical Association at Buffalo would do well to report their names, with the number of their parties, to Dr. Bodine or Dr. Kelly, or at this office. The railway companies will make their rates according to the number of starters.

HOW THEY MANAGE THINGS AT BERLIN.—The German newspapers have accounts of an extraordinary criminal trial which took place at Berlin in the beginning of April. The principal defendants were four Americans, who showed American medical diplomas, and who called themselves Dr. St. Marr, Dr. Van Dusen, Dr. Balleau, and Dr. Sampson. They came to Berlin in 1875, and opened in Louisa Street a place which they called "The American Lying-in Institution." Suspicions were excited that it was a place for malpractice, and the police made a descent upon the house. They arrested Anthony Ward, *alias* Dr. St. Marr; John Williams, *alias* Dr. Van Dusen; Jeremiah Preston, *alias* Dr. Balleau, and Carl Niattzberg, *alias* Dr. Sampson. Several young women, one of whom was a school-girl of a noble family, were found to be inmates of the house, and a Mme. Durivage was in attendance on them. The trial of the guilty parties lasted some days, and the jury rendered a verdict against them. Ward and Niattzberg were condemned to death, Williams and Preston to imprisonment for life, an agent named Kraushaar to fifteen years, Mme. Durivage to eight years, and two assistants to five years each. This is the way German justice treats criminals of the Restell profession. It would be interesting to get a description of the American diplomas that these rascals practiced under.—*Philadelphia Bulletin*.

MR. AUGUSTUS SALA, the accomplished *litterateur*, bears warm testimony, in the Illustrated London News, to the liberality of the medical profession. He says: "All the stingy people in London seem to have come to the front for the purpose of abusing the doctors because they do not always give dates and items in the accounts which they furnish to their patients, but make instead a certain charge for 'medical attendance.' I own myself that I am somewhat prejudiced in the matter. I have had in my day a great deal to do with the doctors, and I have found them, as a rule, the noblest, the most

humane, and the most charitable of mankind. It strikes me very forcibly that, so far from being 'fleeced' by the general practitioner, we are often apt (unconsciously, of course,) to fleece him by cruelly deferring the payment of his bill. Why should we make him wait six months or a year for his due? He has his rent and taxes and baker and butcher to pay, as we have, and very frequently his carriage to keep. Is he to eat lint or stethoscopes, or sustain nature by the hypodermic injection of morphia or the external exhibition of collodion? *We should pay our doctors promptly, and then we should know what they are charging us for.*"

AMONG the surgical calamities of the past few weeks is the appearance of two more splints for fractures of the lower extremity. They are of course warranted to fit nobody's legs, to be never at hand (luckily) when wanted, and to require expert mechanical skill in their manufacture. It is a pity that the Northwest can not in its fracture-practice adopt the motto of one of its states, "*Si—material-for-dressing-a-broken-leg—quæris circumspice.*"

DISCIPLINE.—The Arkansas State Medical Society has expelled the members who participated in the advertisement in the Hot Springs Illustrated Monthly.

The Ohio State Medical Society has refused admittance to the delegate of the Miami County Medical Society, as the secretary of the said society who had signed his credentials had also put his signature to a recommendation of a quack nostrum for catarrh. It was further decreed unanimously that "the Miami County Medical Society be suspended from its connection as auxiliary to the State Society till such time as it shall have presented satisfactory evidence of its having purged itself from all connection with quackery."

DURING last year 10,619 horses, mules, and asses were used for human food in the city of Paris.

Selections.

On the Unity of Phthisis.—Grancher, Virchow, and Charcot: Pulmonary phthisis has always been the object of numerous researches, but of late years practitioners have made new studies of it in all directions. At this moment it is known that physicians are divided into two schools of unicists and dualists on the question of phthisis. Those who believe in the unity of consumption believe that the different anatomo-pathological forms of this disease do not, in any way, detract from the unity of these terms, and that caseous pneumonia and tubercles are at bottom the same. Those who controvert this view consider that there are two ways of being consumptive, and that there exist two processes which give rise to the disease—caseous pneumonia, an inflammatory disease, and tuberculosis, with the tubercle granulation, a phenomenon quite different from inflammation. Dualists in phthisis, like Jaccoud and Niemeyer, etc., consider that there are phthisical patients and tubercular patients, and, if this were the case, diagnosis, prognosis, and treatment should be different in the matter of phthisis. Virchow and Niemeyer have been the leaders of this school, which has so many adherents in England among the younger physicians. In Paris, on the contrary, the older physicians, and in London, Dr. Wilson Fox and many other able men, are unicists.

Firstly, it is clear enough that there is less difference of opinion among practitioners in the presence of the living patient than in the dead-house; and this is the more singular because in most diseases the discussion ceases when the patient dies and the anatomical lesions are before us. But when the sick person is alive dualists and unicists both call the disease phthisis, treat it in the same way, and, alas! give the very same prognosis. Volkmann, in 1871, writes, in the *Sammlung Klinischer Vorträge*, "Caseous inflammation, in our time, is not more consoling than the tubercle of former days." It is true, indeed, that pure dualists pursue their views even to the bedside, and allege that it is easy enough to distinguish caseous pneumonia from tubercle. This is evidently merely an exaggeration, since well-educated unicists recognize clearly the difference between cases of phthisis, whether they become localized or generalized, etc. The uacist, however, admits that the differences noticeable at the bedside do not change the nature of the disease, and, spite of the post-mortem appearances, he alleges that it is always phthisis that is before him. He points to the number of cases where granulations and the so-called caseous pneumonia are found in the same lung. The dualist replies to this that there are many cases of consumption where pneumonia alone is found, and alleges that these are

different diseases, since pneumonia and tubercle may be found isolated. He also says that lesions histologically so different can not be of the same nature. The pure dualist makes a great point of his treatment, and maintains that dualism has made quite a revolution in the therapeutics of consumption.

In France, owing to the works of Laennec, Louis, and Andral, and perhaps, too, because clinical studies are more attractive than anatomical and laboratory investigations, the doctrine of unity prevails. One authority will allege that all these studies on the forms of phthisis signify nothing at all, and that the whole novelty of the modern doctrines is merely in their terminology. Other writers on medicine accept willingly enough the new anatomical data, although they limit the importance of the novelties proposed. For instance, Dr. Charcot uses the new terms, but is still a uacist in phthisis. In Germany, on the other hand, where clinical observers are not in general the persons who carry on anatomo-pathological investigations in the laboratories, dualism is in vogue, and the reason is clear enough. The man who merely examines dead-house specimens of phthisis can hardly be made to believe in the unity of the disease. The naked-eye differences, too, are corroborated by the microscopic appearances of the disease, for it is quite true that the tubercle granule differs histologically from the caseous granulation, so that the observer has the right to say that there are two different lesions. But dead-house pathologists have gone further, and have said that these two form different diseases—two diseases which have nothing in common but mere chance when they are met in the same subject, for the one is specific and hereditary, whilst the other is neither of these, but merely a simple inflammation like pleurisy.

Virchow is most particular in his definition of tubercle, and, in his view, the gray semi-transparent granulation alone is entitled to the name. Every thing else ought to be called caseous inflammation. A tubercular granulation, he says, or tubercle, is a nodosity, which is usually rounded, formed of small cells pressed together, and presenting at its center a degenerating zone, whilst at the circumference there is a zone of proliferation.—*The Doctor*.

Treatment of Shingles by Topical Applications of Perchloride of Iron.—Dr. Amedée Mercier speaks highly of the good effects of this method. It consists in painting the zona twice daily with a mixture of thirty grammes of perchloride of iron of the codex, and ten grammes of alcohol. M. Mercier (*Thèse de Paris*, March 2d, p. 7.) has arrived at the conclusion that the treatment of zona by topical applications of perchloride of iron gives unvarying results, and that the alcoholic solutions should be used in preference to any other.—*London Med. Record*.

Chlorate of Potash in Catarrh of the Bladder.—Prof. G. Edlefsen, of Kiel, publishes in the *Deutsch. Archiv. Klin. Med.*, xix, 1, 1877, an essay on the treatment of catarrh of the bladder by chlorate of potash. The view lately advanced that the best method of treating cystitis, even in acute cases, consists in the introduction into the bladder, through the urethra, of water or medicated fluids, is not in accordance with his observation. The remedy he recommends is chlorate of potash, which never damages the stomach or any other organ, and substitutes turpentine perfectly in cases where turpentine can not be given. That the chloric acid salts, when administered internally, pass into the urine, was demonstrated in 1856 by Lambert. The value of the chlorate of potash in affections of the mouth and pharynx leads the author to their administration in affections of the bladder, the epithelium being in both cases alike of the pavement variety. The action of this remedy seems confined to this variety, as it has no effect on the trachea or bronchial tubes. Its action is not to be explained by simple contraction of the muscular coat of the vessels, as it not only reduces the hyperæmia and catarrh, but also closes over quickly as if it exercised a specific action in the reproduction of epithelium. The author's results were extraordinary, still there are cases in which he failed with it, and was compelled to resort to turpentine and copaiba. He orders for adults usually: Potass. chlorat. 15.0, aqua dist. 300.0, of which a tablespoonful every two or three hours. He lays stress upon the prescription, because it is necessary to bring the patient under the influence of the remedy quickly. Should the taste of the drug after long administration become insipid or sickening, it may be corrected by using cherry laurel as a vehicle (10.0—300.0); any syrup should be avoided. The pus begins to disappear from the urine after its use very quickly—an important difference from the action of salicylic acid—and the subjective distress is lessened or disappears even before the pus has entirely vanished.—*The Doctor*.

Cure of Anal Abscess without Fistula.—There is no reason therefore why the abscess should not be opened so freely as to render any subsequent retention of pus impossible, and this is the condition on which prompt healing and escape from the formation of a fistula depend. I have little doubt, after the results I have seen from the antiseptic method, that if it were faithfully used in opening and dressing these abscesses, and accurate drainage secured by means of caoutchouc tubes or horse-hair, *healing without fistula would be the rule, instead of the rare exception, as at present*. The striking success of Volkmann, as set forth in his recently published operations upon the rectum, certainly justifies this hope.

But even with the aid of antiseptics in insuring prompt repair, early and free openings can not be dispensed with. . . .

What are the chances of cure, without fistula, of abscesses near the rectum or anus? Allingham's table (*Diseases of Rectum*, London, 1873, p. 19,) of 4,000 consecutive cases of rectal disease observed at St. Mark's Hospital (out-patients) includes 196 abscesses, with the remark added that, "Of these 151 became fistulae, and the rest were probably cured." This would give nearly twenty-three per cent, or about one in four, which I should consider somewhat too favorable prognosis. It remains for us to improve the chances of cure by our methods of treatment, and the points I have sought to make look to this end.—*Prof. Van Buren, in Medical Record*.

Points in Etherization.—When the head of an etherized patient is allowed to fall too low, you will invariably find that trouble begins. The tongue naturally gravitates backward because the patient has no muscular control over it. Whenever this happens stertorous breathing will at once be heard. It will then be necessary simply to raise the patient's head. The tongue comes forward, and respiration again becomes easy. There is another condition in which an etherized patient becomes tetanic. He has opisthotonos, draws himself forcibly and convulsively backward, and his movements are spasmodic. In such a case the need is air, and the ether should be withdrawn. If he throw himself back with great force, turn him on his side, and the condition will pass off. Our patient is nauseated. After he has vomited he will go to sleep easily.—*Dr. Cheever's Clinic, Boston Medical Journal*.

Hypodermic Injections of Digitaline.—The *British Medical Journal*: At a recent meeting of the Paris Société de Thérapeutique, M. Gubler announced that, after having made many attempts to utilize the active principles of digitalis in subcutaneous injections, he believes that he has attained his object. He uses a solution containing 0.2 per cent of Homolle and Quevenne's amorphous digitaline in equal parts of water and alcohol. One gramme of this solution contains two milligrammes of digitaline. He injects half of the contents of the syringe—that is to say, one milligramme of digitaline, and obtains all the effects of digitalis. These injections do not bring on any local accidents.

Freckles.—Take of finely powdered sulphophenate of zinc, one part; oil of lemon, one part; pure alcohol, five parts; collodion, forty-five parts; mix well together by trituration. This has been found efficacious as a local application against freckles and other slight skin diseases.—*Pharm. Zeit. für Russ.*